

CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)

<p>I. (a) PLAINTIFFS AMY MISCHLER</p> <p>(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF <u>Glades Fl.</u> (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p>(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER) Amy Mischler 1120 Palm Court Okeechobee, Florida 34974 863-801-1877</p>		<p>DEFENDANTS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, SECRETARY ALEX AZAR</p> <p style="text-align: right;">11001</p> <p>COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT <u>Dist. of Columbia</u> (IN U.S. PLAINTIFF CASES ONLY)</p> <p>Case: 1:19-cv-02493 Assigned To : Chutkan, Tanya S. Assign. Date : 8/12/2019 Description: FOIA/Privacy Act (I-DECK)</p>																					
<p>II. BASIS OF JURISDICTION (PLACE AN X IN ONE BOX ONLY)</p> <p><input checked="" type="radio"/> 1 U.S. Government Plaintiff <input type="radio"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input checked="" type="radio"/> 2 U.S. Government Defendant <input type="radio"/> 4 Diversity (Indicate Citizenship of Parties in item III)</p>		<p>III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT FOR DIVERSITY CASES ONLY)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Citizen of this State <input type="radio"/> 1 <input checked="" type="radio"/> 1</p> <p>Citizen of Another State <input type="radio"/> 2 <input checked="" type="radio"/> 2</p> <p>Citizen or Subject of a Foreign Country <input type="radio"/> 3 <input checked="" type="radio"/> 3</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Incorporated or Principal Place of Business in This State <input type="radio"/> 4 <input checked="" type="radio"/> 4</p> <p>Incorporated and Principal Place of Business in Another State <input type="radio"/> 5 <input checked="" type="radio"/> 5</p> <p>Foreign Nation <input type="radio"/> 6 <input checked="" type="radio"/> 6</p> </td> </tr> </table>		<p>Citizen of this State <input type="radio"/> 1 <input checked="" type="radio"/> 1</p> <p>Citizen of Another State <input type="radio"/> 2 <input checked="" type="radio"/> 2</p> <p>Citizen or Subject of a Foreign Country <input type="radio"/> 3 <input checked="" type="radio"/> 3</p>	<p>Incorporated or Principal Place of Business in This State <input type="radio"/> 4 <input checked="" type="radio"/> 4</p> <p>Incorporated and Principal Place of Business in Another State <input type="radio"/> 5 <input checked="" type="radio"/> 5</p> <p>Foreign Nation <input type="radio"/> 6 <input checked="" type="radio"/> 6</p>																		
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<p>IV. CASE ASSIGNMENT AND NATURE OF SUIT (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p><input checked="" type="radio"/> A. Antitrust</p> <p><input type="checkbox"/> 410 Antitrust</p> </td> <td style="width: 25%; vertical-align: top;"> <p><input checked="" type="radio"/> B. 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<input type="radio"/> G. Habeas Corpus/2255 <input type="checkbox"/> 530 Habeas Corpus – General <input type="checkbox"/> 510 Motion/Vacate Sentence <input type="checkbox"/> 463 Habeas Corpus – Alien Detainee	<input type="radio"/> H. Employment Discrimination <input type="checkbox"/> 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	<input type="radio"/> I. FOIA/Privacy Act <input checked="" type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 890 Other Statutory Actions (if Privacy Act)	<input type="radio"/> J. Student Loan <input type="checkbox"/> 152 Recovery of Defaulted Student Loan (excluding veterans)
(If pro se, select this deck)		*(If pro se, select this deck)*	
<input type="radio"/> K. Labor/ERISA (non-employment) <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Labor Railway Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="radio"/> L. Other Civil Rights (non-employment) <input type="checkbox"/> 441 Voting (if not Voting Rights Act) <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 445 Americans w/Disabilities – Employment <input type="checkbox"/> 446 Americans w/Disabilities – Other <input type="checkbox"/> 448 Education	<input type="radio"/> M. Contract <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholder's Suits <input type="checkbox"/> 190 Other Contracts <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<input type="radio"/> N. Three-Judge Court <input type="checkbox"/> 441 Civil Rights – Voting (if Voting Rights Act)
V. ORIGIN <input checked="" type="radio"/> 1 Original Proceeding <input type="radio"/> 2 Removed from State Court <input type="radio"/> 3 Remanded from Appellate Court <input type="radio"/> 4 Reinstated or Reopened <input type="radio"/> 5 Transferred from another district (specify) <input type="radio"/> 6 Multi-district Litigation <input type="radio"/> 7 Appeal to District Judge from Mag. Judge <input type="radio"/> 8 Multi-district Litigation – Direct File			
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) FOIA and Declaratory Judgment Act 5 USC Section 522, 28 USC 2201 and 2202			
VII. REQUESTED IN COMPLAINT	CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23	DEMAND \$ JURY DEMAND:	Check YES only if demanded in complaint YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VIII. RELATED CASE(S) IF ANY	(See instruction) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, please complete related case form		
DATE: 8/10/2019	SIGNATURE OF ATTORNEY OF RECORD <i>John Mischler Pro Se</i>		

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44
Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the primary cause of action found in your complaint. You may select only one category. You must also select one corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.